

COMPARISON OF SAFETY, EFFICACY & COST EFFECTIVENESS OF FOLEY'S CATHETER & MISOPROSTOL INDUCTION VERSUS MIFEPRISTONE & MISOPROSTOL INDUCTION IN SECOND TRIMESTER TERMINATION OF PREGNANCY

ABSTRACT

INTRODUCTION:

Induced abortions in the second trimester accounts for 10-15% in the world. Over the past 30 years various methods are described and still efforts are going on to improve abortion technology in terms of acceptability, effectiveness, safety and technical ease of performance. The ideal method is still debatable.

Second trimester abortions contribute significantly to morbidity and mortality associated with abortions. Hence it becomes necessary to find the ideal method to achieve second trimester abortions. Reducing the morbidity and mortality due to these abortions can greatly improve the quality of life for women undergoing second trimester abortions

AIM OF THE STUDY: The present study is undertaken to analyse the safety, efficacy and cost effectiveness of mechanical and pharmacological methods of induction.

MATERIALS AND METHODS:

This study comparing the efficacy of foley catheter & vaginal misoprostol combination with mifepristone and vaginal misoprostol as a method of second trimester abortion conducted at GOVERNMENT THENI MEDICAL COLLEGE HOSPITAL THENI.

Study design: Prospective randomized comparative study.

Study Place : Government Theni medical college hospital. Theni.

Study Population : Patients requesting abortion in their second trimester at Department of obstetrics and gynaecology at Government Theni medical college Hospital. Theni

Period of Study : August 2015 –july 2016

Sample Size: 100 (Random allocation to either group),

GROUP I- 50 : Foley catheter -- misoprostol group Foley's catheter No 14 F is introduced into the cervix beyond internal os. Once it passed the internal os the balloon was then inflated with 30 ml saline..After 24 hrs Intravaginal Misoprostol 400microgram is used every four hours upto a maximum of 4 doses

GROUP II- 50: Mifepristone – Misoprostol group. Mifepristone 200mg was given orally followed after 24 hrs by insertion of 400microgram Misoprostol in the posterior vaginal fornix every four hours upto a maximum of four doses.

OUTCOME

COMPLETE: When both placenta and fetus were expelled in 48hours.

INCOMPLETE: When either placenta or fetus was retained.

FAILED: Neither fetus nor placenta was expelled.

PARAMETERS STUDIED:

1. Induction - Abortion Interval , Complete abortion rate, Success rate ,
2. Side Effect Profile
 Vomiting , Diarrhoea, Fever, Headache, Rigor, Hemorrhage, Infection
3. Total Number of Misoprostol Doses Required
4. Need For Additional Procedures Like Curettage , Misoprostol
5. Requirement of transfusion.
- . 6. cost incurred in both groups.

RESULTS:

Most of the patients in both group were in the age of 21-25years. The most commonest age for termination in both group was between 17-18 weeks.

Induction abortion interval in Foley+Misoprostol group was 10.35 hrs and that in mifepristone +Misoprostol group was 10.68 hrs.

The percentage of complete abortion in Foley + Misoprostol group was 70% and in mifepristone + misoprostol group was 90% and the percentage of incomplete abortion was 26% in Foley+misoprostol group and 10% in Mifepristone + misoprostol group.

Failure is 4% in Foley+misoprostol group

. The average cost in foley+misoprostol group was 673.06 and mifepristone+ misoprostol group was 748.74

CONCLUSION:

Floey catheter + misoprostol method can be considered as an effective alternative method to mifepristone+ misoprostol method of induction for second trimester termination of pregnancy. In developing country like india foley catheter + misoprostol method can be considered for second trimester abortion as it cost effective.